

AUG 08 2005

## FAX COVER SHEET

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DATE:	August 8, 2005
TO:	Mail Stop: Amendment
FIRM:	USPTO

FAX No:	(571) 273-8300
RE:	S/N 10/658,738
Atty. Docket no.:	P-2260



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SENDER IS: James D. Ivey

DOCUMENTS ATTACHED ARE DESCRIBED AS FOLLOWS:

1. Transmittal Form (Form PTO/SB/21 – 1 page);
2. Response to Office Action (15 pages);
3. Fee Transmittal (1 page);
4. Credit Card Payment Form (PTO-2038 – 1 page);
5. Petition to Extension of Time – Three Months (1 page);
6. Information Disclosure Statement (2 pages);
7. Information Disclosure Statement by Applicant (Form PTO/SB/08A - 1 page);
8. Information Disclosure Statement by Applicant (Form PTO/SB/08B - 1 page); and
9. One (1) reference cited in the IDS – a foreign search report (3 pages).

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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		<b>Application Number</b>	10/658,738
		<b>Filing Date</b>	September 8, 2003
		<b>First Named Inventor</b>	Jaron Lambert
		<b>Group Art Unit</b>	2672
		<b>Examiner Name</b>	Michelle K. Lay
Total Number of Pages in This Submission	26	<b>Attorney Docket Number</b>	P-2260

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (w/ Recordation for an Application) Coversheet <input type="checkbox"/> Drawing(s) (9 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): One (1) cited reference for IDS: Foreign Search Report.
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	James D. Ivey, Reg. No. 37,016	
Signature		
Date	August 8, 2005	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the telephone number (571) 273-8300 and addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 8, 2005

Typed or printed name	James D. Ivey, Reg. No. 37,016	
Signature		Date August 8, 2005

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PTO/SB/17 (10-04v2)

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# FEE TRANSMITTAL for FY 2005

*Effective 10/01/2004. Patent fees are subject to annual revision.*

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 690.00)
*Complete if Known*

Application Number	10/658,738
Filing Date	September 8, 2003
First Named Inventor	Jaron Lambert
Examiner Name	Michelle K. Lay
Art Unit	2672
Attorney Docket No.	P-2260

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 490	Extension for reply within third month	510.00
1254 1,530	2254 765	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 490	2502 245	Design issue fee	
1503 660	2503 330	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 160	1808 160	Submission of Information Disclosure Stmt	180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(e))	
1810 780	2810 385	For each additional invention to be examined (37 CFR 1.128(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 690.00)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20** =	X	=	Fee Paid
Independent Claims	- 3** =	X	=	
Multiple Dependent				

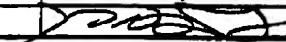
Large Entity	Small Entity	Fee Description
1202 18	2202 8	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ )**

\*\*or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY:**

(Complete if applicable)

Name (Print/Type)	James D. Ivey	Registration No. (Attorney/Agent)	37,016	Telephone	510 336 1100
Signature		Date	August 8, 2005		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.